

# Parent Survey

Please fill in both sides of this survey and return to school in your child's purple folder.



Child's name \_\_\_\_\_ Age \_\_\_\_\_

Nickname or name your child is called: \_\_\_\_\_

1. What does your child like to do? \_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any health issues or allergies? \_\_\_\_\_  
\_\_\_\_\_

If so, will they need to take any medications while at school (please explain)? \_\_\_\_\_  
\_\_\_\_\_

3. Does your child like to do math? \_\_\_\_\_

4. What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_

5. What are your child's weaknesses? \_\_\_\_\_  
\_\_\_\_\_

6. Who lives at home with your child? \_\_\_\_\_  
\_\_\_\_\_

7. What would you like for me to know about your child to best meet his/her needs: \_\_\_\_\_  
\_\_\_\_\_

8. What are your goals for your child this year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Everyone has different preferences. ☺

Which form of communication would you prefer to have from me?

\_\_\_\_\_ E-mail (please print your address below)

\_\_\_\_\_ Phone call (please print your phone numbers above)

\_\_\_\_\_ Written note

10. Would you like to come to class and work with the students? \_\_\_\_\_

11. Did your child attend preschool or day care outside of the home before coming to kindergarten? \_\_\_\_\_

12. Does your child have Day Care arrangements outside of your home? If so, please explain. \_\_\_\_\_

13. Does your child seem to prefer using his/her left or right hand to write and cut? \_\_\_\_\_

14. Does your child have any fears that we should be aware of? \_\_\_\_\_

15. Any other comments, concerns or questions you have... \_\_\_\_\_

If you would like to talk privately, please do not hesitate to call (248.956.3312) or email ([barbozminkowski@wlcsc.org](mailto:barbozminkowski@wlcsc.org)) me.

It's going to be a GREAT YEAR!